

## Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <i>Jay Perez for Judge Committee</i>						Registration Number, if PAC	
Full Name of Candidate <i>Jay G. Perez</i>							
Street Address <i>5E Long St, Ste 404</i>				Office Sought <i>Judge</i>		District	
City <i>Columbus</i>				State <i>OH</i>		Zip Code <i>43235</i>	
Type of Report (place X to the left of report type)	<input type="checkbox"/> Pre-Primary	<input type="checkbox"/> Post-Primary	<input type="checkbox"/> Pre-General	<input checked="" type="checkbox"/> Post-General	<input type="checkbox"/> Annual Year		
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly	<input type="checkbox"/> Termination	<input type="checkbox"/> Semiannual		
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date of Election		<i>1 M 1 D 07 0 Y 6</i>	

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box ☐  
 No other forms are required for a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	<i>12</i>	<i>02</i>
2. Total monetary contributions (From Form No. 31-A)	\$	<i>2067</i>	<i>00</i>
3. Total other income (From Form No. 31-A-2)	\$	<i>2545</i>	<i>00</i>
4. Total funds available (sum of lines 1, 2, 3)	\$	<i>4624</i>	<i>02</i>
5. Total monetary expenditures (From Form No. 31-B)	\$	<i>3409</i>	<i>42</i>
6. Balance on hand (line 4 minus line 5)	\$	<i>1214</i>	<i>60</i>
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	<i>-</i>	
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	<i>-</i>	
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	<i>2545</i>	<i>00</i>
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	<i>-</i>	
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	<i>-</i>	
12. Value of independent expenditures made (From Form No. 31-U)	\$	<i>-</i>	
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$	<i>-</i>	

06 JUN -9 AM 10:31  
 FRANKLIN COUNTY  
 BOARD OF ELECTIONS

FILED

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

*Layla Turback*  
 Print Name and Title (Treasurer and Deputy Treasurer only)

*Layla Turback*  
 Signature

*6-9-06*  
 Date

Contribution  
pages *6*

Expenditure  
pages *2*

Other  
pages *2*

Total  
pages *10*

## Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full, Jay Perez for Judge Committee					
Full Name of Contributor Jon Marchlinger				Registration Number, if PAC	
Street Address 6667 Firestone Pl.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Westerville	State OH	Zip Code 43082	M 04 D 17 Y 06	Amount 250.00	
Full Name of Contributor Larry Terrell				Registration Number, if PAC	
Street Address 1229 Lindenwood		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) 150.00	
City Columbus	State OH	Zip Code 43207	M 04 D 22 Y 06	Amount check	
Full Name of Contributor Thomas Millson				Registration Number, if PAC	
Street Address 2749 Mellowbrook St		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43225	M 04 D 22 Y 06	Amount 250.00	
Full Name of Contributor Mike Rankin				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) cash	
City	State OH	Zip Code	M 04 D 24 Y 06	Amount 40.00	
Full Name of Contributor Marsha Pond				Registration Number, if PAC	
Street Address 1685 Trumansburg		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Ithaca	State NY	Zip Code 14850	M 05 D 01 Y 06	Amount 250.00	
Full Name of Contributor Wilson Pond				Registration Number, if PAC	
Street Address 1685 Trumansburg Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Ithaca	State NY	Zip Code 14850	M 05 D 01 Y 06	Amount 250.00	
Full Name of Contributor Form 31-E				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State OH	Zip Code	M 03 D 29 Y 06	Amount 617.00	
Full Name of Contributor Form 31-E				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State OH	Zip Code	M 04 D 13 Y 06	Amount 260.00	

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

# Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full <u>Jay Perez for Judge Committee</u>				
Full Name of Contributor <u>Melinda Lanning</u>			Registration Number, if PAC	
Street Address <u>5704 Fours Ash Lane</u>		Employer/Occupation/Labor Organization*		M D Y Amount <u>03 29 04 10.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43229</u>	Form (Cash, Check, etc.) <u>Cash</u>	
Full Name of Contributor <u>Glen Rondo</u>			Registration Number, if PAC	
Street Address <u>78 N Oakley</u>		Employer/Occupation/Labor Organization*		M D Y Amount <u>03 29 04 70.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43204</u>	Form (Cash, Check, etc.) <u>Cash</u>	
Full Name of Contributor <u>Chris McCoy</u>			Registration Number, if PAC	
Street Address <u>563 Columbus St</u>		Employer/Occupation/Labor Organization*		M D Y Amount <u>03 29 04 40.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43204</u>	Form (Cash, Check, etc.) <u>Cash</u>	
Full Name of Contributor <u>Barb Bahrts</u>			Registration Number, if PAC	
Street Address <u>563 Columbus St</u>		Employer/Occupation/Labor Organization*		M D Y Amount <u>03 29 04 20.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43206</u>	Form (Cash, Check, etc.) <u>Cash</u>	
Full Name of Contributor <u>Phill Ross</u>			Registration Number, if PAC	
Street Address <u>10123 Licking Trails</u>		Employer/Occupation/Labor Organization*		M D Y Amount <u>03 29 04 20.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43206</u>	Form (Cash, Check, etc.) <u>Cash</u>	
Full Name of Contributor <u>Pat Stevens</u>			Registration Number, if PAC	
Street Address <u>337 N. Eldon Ave</u>		Employer/Occupation/Labor Organization*		M D Y Amount <u>03 29 04 10.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43204</u>	Form (Cash, Check, etc.) <u>Cash</u>	
Full Name of Contributor <u>Mike Burns</u>			Registration Number, if PAC	
Street Address <u>484 Crestview Rd</u>		Employer/Occupation/Labor Organization*		M D Y Amount <u>03 29 04 15.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43202</u>	Form (Cash, Check, etc.) <u>Cash</u>	

\* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

\$0.00 <u>617.00</u>
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Total expenditures this event

\$0.00
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Page Total \$

135.00

## Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full			
Jay Perez for Judge Committee			
Full Name of Contributor		Registration Number, if PAC	
Michael Burns			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
484 Crestview Rd		0	32906 15.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43202	check
Full Name of Contributor		Registration Number, if PAC	
Leeann Marshall			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
710 Seward Ave		0	32906 100.00
City	State	Zip Code	Form (Cash, Check, etc.)
Akron	OH	43320	check
Full Name of Contributor		Registration Number, if PAC	
Lozant Epps			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
5073 Buffalo Run		0	32906 40.00
City	State	Zip Code	Form (Cash, Check, etc.)
Westerville	OH	43081	check
Full Name of Contributor		Registration Number, if PAC	
Richard Williams			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
518 ETOWN AVE		0	32906 87.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	check
Full Name of Contributor		Registration Number, if PAC	
Joseph Mas			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
206 Hiawatha Ave		0	32906 200.00
City	State	Zip Code	Form (Cash, Check, etc.)
Westerville	OH	43081	check
Full Name of Contributor		Registration Number, if PAC	
Ameda Winland			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
1813 Quarry Ridge		0	32906 10.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43232	cash
Full Name of Contributor		Registration Number, if PAC	
Tammy Jenkins			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
3363 Wintedane PK		0	32906 15.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43232	CASH

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

\$0.00  
017

Total expenditures this event.

\$0.00

467.00  
Page Total \$ 0.00

# Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full <i>Jay Perez for Judge Committee</i>				Registration Number, if PAC			
Full Name of Contributor <i>Ellen Mae Nae</i>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address <i>128 N. Merkle Rd</i>				<i>03</i>	<i>29</i>	<i>04</i>	<i>5.00</i>
City <i>Columbus</i>	State <i>OH</i>	Zip Code <i>43209</i>		Form (Cash, Check, etc.) <i>Cash</i>			
Full Name of Contributor <i>Cary King</i>				Registration Number, if PAC			
Street Address <i>132 Sheffield Dr.</i>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <i>Columbus</i>		Zip Code <i>43230</i>		<i>03</i>	<i>29</i>	<i>04</i>	<i>5.00</i>
State <i>OH</i>				Form (Cash, Check, etc.) <i>Cash</i>			
Full Name of Contributor <i>03 Pasquarilello</i>				Registration Number, if PAC			
Street Address <i>2972 Neil Ave</i>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <i>Columbus</i>		Zip Code <i>43202</i>		<i>03</i>	<i>29</i>	<i>04</i>	<i>5.00</i>
State <i>OH</i>				Form (Cash, Check, etc.) <i>Cash</i>			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		Zip Code					
State <i>OH</i>				Form (Cash, Check, etc.)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		Zip Code					
State <i>OH</i>				Form (Cash, Check, etc.)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		Zip Code					
State <i>OH</i>				Form (Cash, Check, etc.)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		Zip Code					
State <i>OH</i>				Form (Cash, Check, etc.)			

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

*617.00*  
**\$0.00**

Total expenditures this event.

**\$0.00**

Page Total \$

*13.00*  
**\$0.00**

## Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full <u>Jay Perez for Judge Committee</u>			
Full Name of Contributor <u>Joseph Mas</u>		Registration Number, if PAC	
Street Address <u>206 Miawatha Ave</u>	Employer/Occupation/Labor Organization*	M <u>0</u> D <u>4</u> Y <u>1306</u>	Amount <u>50.00</u>
City <u>Westerly</u>	State <u>OH</u> Zip Code <u>43081</u>	Form (Cash, Check, etc.) <u>check</u>	
Full Name of Contributor <u>Renee Thomas</u>		Registration Number, if PAC	
Street Address <u>1453 Cunard Rd</u>	Employer/Occupation/Labor Organization*	M <u>0</u> D <u>4</u> Y <u>1306</u>	Amount <u>100.00</u>
City <u>Columbus</u>	State <u>OH</u> Zip Code <u>43227</u>	Form (Cash, Check, etc.) <u>check</u>	
Full Name of Contributor <u>Thomas Tootle</u>		Registration Number, if PAC	
Street Address <u>5971 Hildenbro Dr</u>	Employer/Occupation/Labor Organization*	M <u>0</u> D <u>4</u> Y <u>1306</u>	Amount <u>75.00</u>
City <u>Dublin</u>	State <u>OH</u> Zip Code <u>43017</u>	Form (Cash, Check, etc.) <u>check</u>	
Full Name of Contributor <u>Ira Sully</u>		Registration Number, if PAC	
Street Address <u>844 S. Front St</u>	Employer/Occupation/Labor Organization*	M <u>0</u> D <u>4</u> Y <u>1306</u>	Amount <u>35.00</u>
City <u>Columbus</u>	State <u>OH</u> Zip Code <u>43206</u>	Form (Cash, Check, etc.) <u>check</u>	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M <u> </u> D <u> </u> Y <u> </u>	Amount
City	State <u>OH</u> Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M <u> </u> D <u> </u> Y <u> </u>	Amount
City	State <u>OH</u> Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M <u> </u> D <u> </u> Y <u> </u>	Amount
City	State <u>OH</u> Zip Code	Form (Cash, Check, etc.)	

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

~~\$0.00~~  
\$260.00

Total expenditures this event.

\$0.00

Page Total \$ \$260.00  
~~\$0.00~~

# Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full <u>Jay Perez for Judge Committee</u>					
Full Name <u>Form 31-C</u>				Registration Number, if PAC	
Address	Type* <u>LN</u>		M	D	Y
City	State <u>OH</u>	Zip Code	Amount <u>2545.00</u>		
Form (Cash, Check, etc.)					
Full Name					
Address				Registration Number, if PAC	
City	Type* <u>RE</u>		M	D	Y
State <u>OH</u>	Zip Code	Amount			
Form (Cash, Check, etc.)					
Full Name					
Address				Registration Number, if PAC	
City	Type* <u>RE</u>		M	D	Y
State <u>OH</u>	Zip Code	Amount			
Form (Cash, Check, etc.)					
Full Name					
Address				Registration Number, if PAC	
City	Type* <u>RE</u>		M	D	Y
State <u>OH</u>	Zip Code	Amount			
Form (Cash, Check, etc.)					
Full Name					
Address				Registration Number, if PAC	
City	Type* <u>RE</u>		M	D	Y
State <u>OH</u>	Zip Code	Amount			
Form (Cash, Check, etc.)					
Full Name					
Address				Registration Number, if PAC	
City	Type* <u>RE</u>		M	D	Y
State <u>OH</u>	Zip Code	Amount			
Form (Cash, Check, etc.)					
Full Name					
Address				Registration Number, if PAC	
City	Type* <u>RE</u>		M	D	Y
State <u>OH</u>	Zip Code	Amount			
Form (Cash, Check, etc.)					
Full Name					
Address				Registration Number, if PAC	
City	Type* <u>RE</u>		M	D	Y
State <u>OH</u>	Zip Code	Amount			
Form (Cash, Check, etc.)					

\* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Page 8

Name of Committee in Full									
To Whom Paid						M	D	Y	Amount
Buchaye Printing						0	3	16	702.42
Address		Purpose							
217 N. Grant Ave		Printing							
City	State	Zip Code	Check Number						
Columbus	OH	43215	99999						
To Whom Paid						M	D	Y	Amount
Romanoff Taxedo						0	3	24	128.05
Address		Purpose							
232 S. 4th St		Taxedo for event							
City	State	Zip Code	Check Number						
Columbus	OH	43215	debit						
To Whom Paid						M	D	Y	Amount
Highland Consulting						0	3	24	800.00
Address		Purpose							
309 S. 4th		event planning / consulting							
City	State	Zip Code	Check Number						
Columbus	OH	43215	999991						
To Whom Paid						M	D	Y	Amount
Airwaves Inc						0	3	28	320.25
Address		Purpose							
7787 Graphics Way		t-shirt							
City	State	Zip Code	Check Number						
Lewis Center	OH		999992						
To Whom Paid						M	D	Y	Amount
USPS						0	4	20	40.00
Address		Purpose							
		postage							
City	State	Zip Code	Check Number						
	OH		debit						
To Whom Paid						M	D	Y	Amount
Barnes & Noble						0	5	17	47.97
Address		Purpose							
1739 Olentangy River		Organizational materials							
City	State	Zip Code	Check Number						
Columbus	OH	43212	debit						
To Whom Paid						M	D	Y	Amount
Richard Blake						0	5	17	900.00
Address		Purpose							
		website design							
City	State	Zip Code	Check Number						
	OH		999994						
To Whom Paid						M	D	Y	Amount
Larry Terrence						0	5	18	300.00
Address		Purpose							
1229 Lindenwood		banner							
City	State	Zip Code	Check Number						
Columbus	OH	43207							

3238.69  
Page Total \$0.00



## Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full										
Jay Perez for Judge Committee										
To Whom Paid							M	D	Y	Amount
Target							0	9	27	34
Address				Purpose						
Olefinum River Rd				parade Supplies						
City				State	Zip Code		Check Number			
Columbus				OH			debit			
To Whom Paid							M	D	Y	Amount
USPS										78.00
Address				Purpose						
				postage						
City				State	Zip Code		Check Number			
				OH			debit			
To Whom Paid							M	D	Y	Amount
Jay Perez										21.34
Address				Purpose						
				miscell. exp.						
City				State	Zip Code		Check Number			
				OH						
To Whom Paid							M	D	Y	Amount
Bankone / Chase										32.00
Address				Purpose						
Bank Service				fees						
City				State	Zip Code		Check Number			
				OH						
To Whom Paid							M	D	Y	Amount
Paypal correction										.05
Address				Purpose						
City				State	Zip Code		Check Number			
				OH						
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City				State	Zip Code		Check Number			
				OH						
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City				State	Zip Code		Check Number			
				OH						
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City				State	Zip Code		Check Number			
				OH						

# Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee <u>Jay Perez for Judge Committee</u>													
From Whom Received <u>Jay Perez</u>						Prior Amount		Amt. Incurred this Period <u>2545.00</u>					
Address <u>1655 Gables Ct</u>								Outstanding Balance					
City <u>Columbus</u>		State <u>OH</u>		Zip Code <u>43235</u>		Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
						M	D	Y	\$	M	D	Y	\$
Date Loan was originally Incurred													
Registration Number, if PAC													
Employer/Occupation/Labor Organization*													
						03	03	06	1000.00				
						03	28	06	1000.00				
						04	25	06	545.00				
From Whom Received						Prior Amount		Amt. Incurred this Period					
Address								Outstanding Balance					
City		State		Zip Code		Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
						M	D	Y	\$	M	D	Y	\$
Date Loan was originally Incurred													
Registration Number, if PAC													
Employer/Occupation/Labor Organization*													
From Whom Received						Prior Amount		Amt. Incurred this Period					
Address								Outstanding Balance					
City		State		Zip Code		Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
						M	D	Y	\$	M	D	Y	\$
Date Loan was originally Incurred													
Registration Number, if PAC													
Employer/Occupation/Labor Organization*													

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Outstanding Balance to the Cover page (Form No. 30-A).

<sup>1</sup> Total prior amount \$ \$0.00

<sup>2</sup> Total received this period \$ 2545.00 (To Form No. 31-A-2)

<sup>3</sup> Total payments this period \$ \$0.00 (To Form No. 31-B)

<sup>4</sup> Total Outstanding Balance \$ 2545.00 (To Form No. 30-A)